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Grant Funeral Hop

24. FUNERAL DIRECTOR

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5	2	-24-69 ams DIVISION OF V	ITAL RECORDS, 301 W.	PRESTON STREET, BALTIN	NORE, MARYLAND 21201	000***
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the delay.	11.	22a. I certify that (I) (this hospital) attended to the saw the deceased alive an causes stated above, (I) (we) (did) (did) (did)	id nat) view the bady after	death.	Accident	und had und hom me
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TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt	Z30.	BURIAL, CREMATION, 23b. DATE 2/13/1969.	23c. NAME OF CEMETERY O		23d. LOCATION (City or Town) Port Deposit	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTHILTEMS 18-22aFilm411 4-16-69ams Items7&8 FilmGhlo DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3/5/69kk MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02275 FOR STATE 1. DECEASED-NAME HEALTH DEPT 20. DATE KNOWN Manth Doy (Type or Print) ny delay is 2, and 3 to PM3. Page CLARA BLACKSTON 196911:47a DEATH MATED 6. AGE (in years fast birthday) IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Colored 38 YRS February 1969 11:4 Fa Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Delaware pencil in Item 18. Give Pages 1, WIDOWED | DIVORCED [USA Cecil with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) Elkton Union Hospital 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY YES NO Middleton Vand 2 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Ella Bordley Walter Bordley pages ADDRESS 412 N.Cox St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) 221-18-6883 Harry H. Blackston-Middletown, Del. .⊑ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiovascular cellapse during DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove anesthesia for abdominal hysterectomy rise to immediate cause (a). writing the word DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? Abdominal hysterectomy 2/18/69 please execute the certificate. YES NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year PRIMARY OR CONTRIBUTING 19 69 Above CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, County State foctory, office building, etc.) Hespital Union Hespital WHILE AT WORK AT WORK Cecil Md. 22a. I certify that I taak charge of the remains described above, held an Autapsy 😿 Inspection 🗍, Inquiry 🧻, and in my opinion death resulted from: Natural causes . t Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22 22b. DATE SIGNED SIGNATURE 2/19/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Fdward F. Wilson, M.D. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) (County) 2/22/69 Middletown Del. Dale Cemetery ADDRESS 24. FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 909 Poplar St. VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02276 02280 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH be executed within 24 hours after death. 2b. HOUR February Month (Type ar print) Calvin W Butler 25 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS August 25,1896 Male White YRS 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Easton, Md .= U.S.A. CECIL completely filled in nove corban paper WIDOWED [DIVORCED K 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) INDUSTRY Perry Point HOSPTTAT. R.R. Brakeman 13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE VIRGINIA 525 Monroe Avenue Charles In ony 14. FATHER'S NAME First ond Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Frank Butler Laura Etta Butler ease physician l, and Pertificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17. INFORMANT Yes, na ar unknown) (If yes give war or dates of service) 217-54-7556 VA HOSPITAL RECORDS. Perry Point. or removo Maryland 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that the death affendir Bacterial Septicemia and Toxemia 3 days IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave signed by the burial-transit Pvelonephritis and cystitis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) O FUNERAL DIRECTOR: After this certificate has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO TELE 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Į0 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (IV(this hospital) ottended the deceosed from Oct. 16, 1928, ta Feb. 22, 1960 Xtactix wax for causes stated obove, XIX(we) (did) (did) (or word view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 2-22-69 directar, page should be filed DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS VA HOSPITAL, Perry Point, Maryland RUSSELL E. MORRIS. JR. 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2-22-69 Breensboro Cemetery Greensboro. Remova. ADDRESS Rawlings-Boulais Greensboro. Md. DATE

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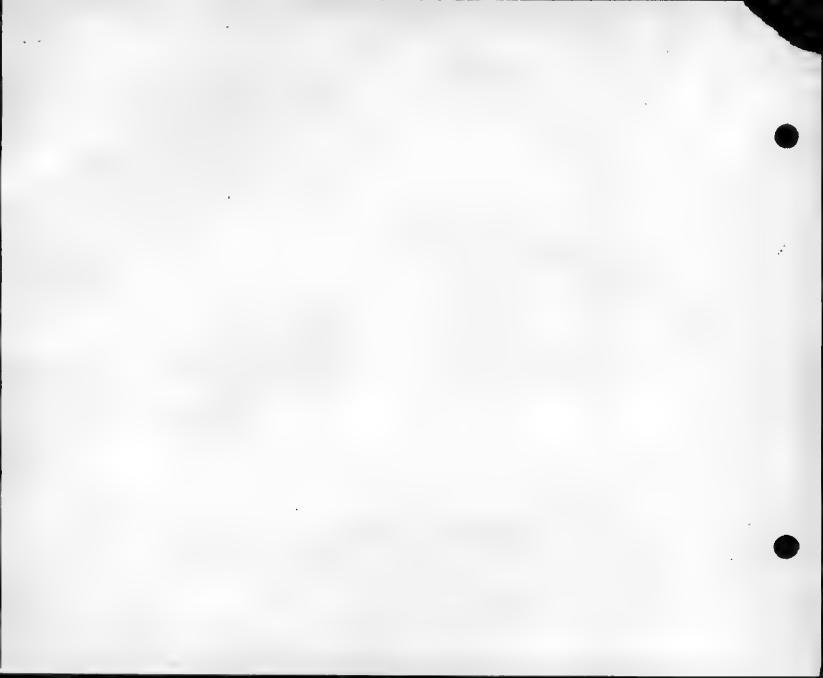
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02277 CERTIFICATE OF DEATH 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle Lost First Month (Type or print) William 969 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE DATE OF BIRTH IF LINDER 24 HRS. law requires that the death certificate be executed within 24 hours after signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 hours after last birthday) Male White Jan. 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED | NEVER MARRIED country) DIVORCED TO Cecil WIDOWED 12o, LSUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR IQ. CITY OR TOWN OF DEATH give street oddress) Conowingo during most of working life, even if retired) INDUSTRY Conowingo Lone 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTYCeci. odmission) STATE onowingo M.ddle 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First William Harman Pussev 166 SOCIAL SECURITY NO 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 218-05-9492 Yes, no, or unknown) Same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the prior to b has been CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 use Health p be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Po Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. of o (If either, notify medical examiner) P.M detached Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work director, page 3 shauld be de shauld be filed with the State 220. I certify that (I) (this haspital) attended the deceased from 11-1, 1968, to 5-25, 1969, that (I) (we) lost sow the deceased alive an 25, 1969, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) ei] Rising Sun Taylor 23o BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Peachbottem 2-28-1969 Lancaster .easent Groove VR A15 (4) 30M REV 1/68





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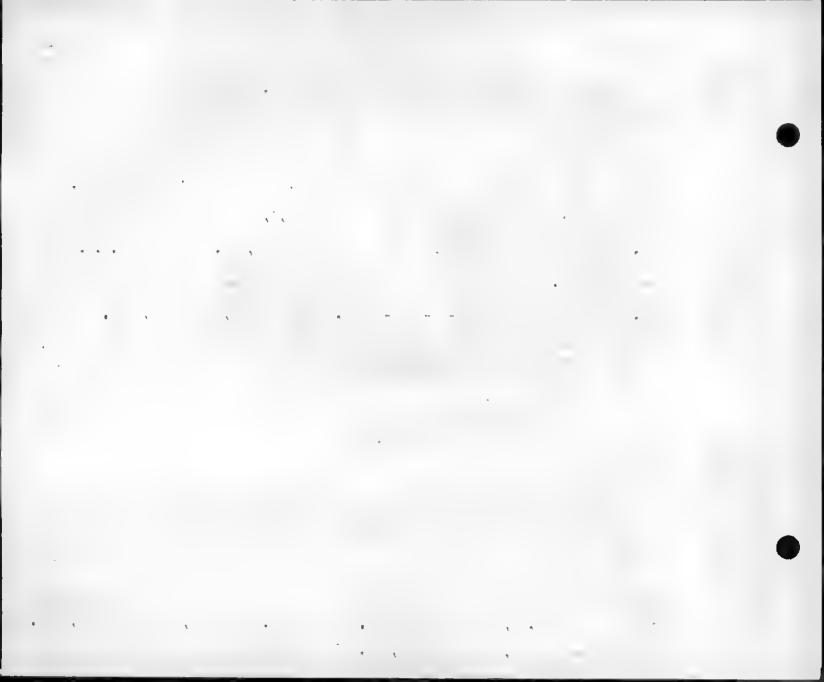
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大き	and		15. (Ye	WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. or Unknown) (If yes give war or dates of service) No. 219-01-0453 Mrs. Lule Ensign. Conowingo.	
1200	F Sal			No 219-01-0453 Mrs. Lula Ensign, Conowingo,	Md.
amine amin	removal			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Anoxia	ONSET AND DEATH
= 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	burial-transit cremation, or			/ 1 Y L V	
ex dica	af-tration	+		Conditions, if eny, which Cardio-Respiratory Failure	3 days
Ped Wee	buri			geve rise to immediate cause (a), stating the DUE TO	
shoul ord chief	S a			underlying cause last. (c) Bronchopneumonia	7 days
e sal	used as a to burial, c		TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTDPSY PERFORMED?
es 🖶	2 6	2	ICA	AND DESCRIPTION OF THE PROPERTY HOLD THE PROPERTY OF THE PROPE	YES ND
EXAMINER: Illis certilic certificate, writing thould be forwarded to	3 should be agent, prior		MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nuture of injury in Part I or Part II of Item 18.)	
te, III	Sho		ICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bidg., etc.) While Not While (Cour	nty) (State)
Hica He f	2 co		MED	6:30p.m. 2/219 69 et work et work Home Conowingo Ce	cil Md.
AM Sert	Pa nate			21. I certify that I took charge of the remains described above, held an Autopsy, inspection, Inquiry,	and in my opinion
Shoul C				death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
MEC. lecule t Page 4	전문			ACTUAL SIGNATURE CALLANDER . M.D. ASSISTANT MEDICAL EXAMINER . M.D. ASSISTANT MEDICAL EXAMINER .	22. DATE SIGNED
5 T				DEPUTY MEDICAL EXAMINER	.22,1969
D DEPUT	FUNERAL	S.		NAME (Type) Rolando A. Najera, M.D. Address (Street, city, town, or county)	nty) (State)
D DE plem	0 PE PE		238	DEMOVAL (Specify)	
=	=	0	24.	FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE
VR AI	5ME (5)(2	**	HOHN H. HARKING Delta, Penna. DATE MAR 3 1989 Kling	les Judge.

j



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of meath prior to burial, cremation, ar removal, and in ony event, within 72 Mours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page I may be rellined by the haspital or attending physician.

VR A15 1

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02282

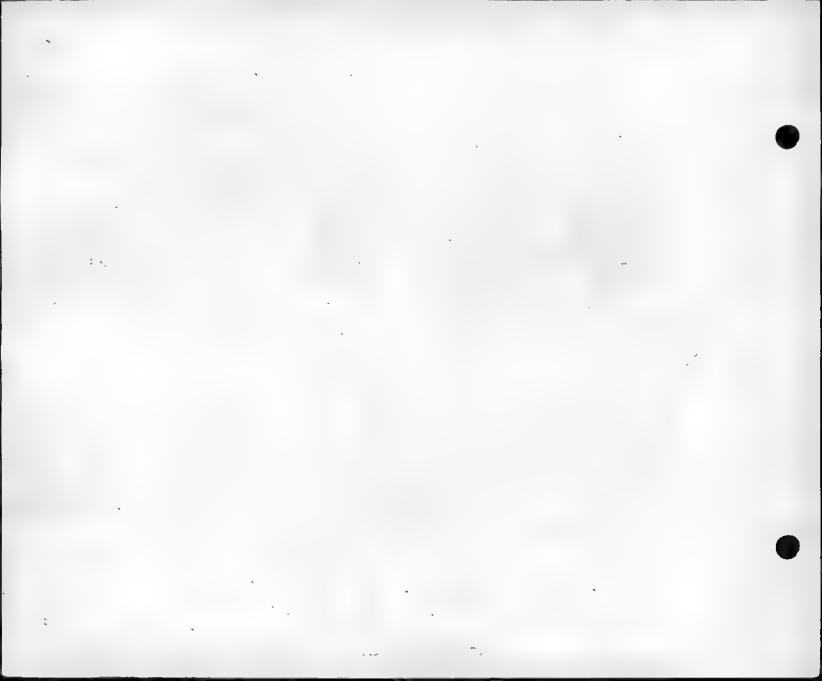
		CEASED-NAME		F.rst		Middle		Last		2a. D	ATE OF DEATH			2b HOUR
	[11	ype ar print)	Wilb	117		Rov	F	orney			Feb. Month	13 ^{Day}	1969	3 PM
	3. SEX	X		4. R/		3		S. DATE OF	BIRTH		6 AGE (In	years _	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Male		Ta7	hite			May	15. 188	25	last birthd	lαγ) YRS.	MONTHS CAYS	HOURS MIN
	7o B		ote or foreign			AT COUNTRY?	8. MADDII	D A NEVER M			NTY OF DEATH	FRJ.		
	coun	4	enn.		S.A.		WIDOWI		ORCED	C.	ecil			no.d
	10 (ITY OR TOWN				ME OF HOSPITAL OR					PATION (Kind of wo	rk done	12b KIND OF	PIICINECC OP
Ġ	-		Sun.	Nid.	cuve s						orling life, even if Electric		INDUSTRY U.S.N	avev
	13a	USUAL RESIDE	NCE (Where d	eceased lived	, if instituti	on: Residence befa	re 13c, CITY	OR TOWN	13d. INSIDE CITY LI		33e. STREET AND NU	MBFR		
7	odmis	ssian) STATE	Md.	13b	COUNTY	Cecil	Risi	ngSun	YES NO) 🗆	Cherry	y Str	reet	
Ή	14 F.	ATHER'S NAME	First		Middle	last	1	1S. MOTHER S	MAIDEN NAME FI	irst		Middle		Last
		Jac	de	-		Form	ev	Mars	garet			>	Knel	1
	160.	WAS DECEASE	D EVER IN U.S		CES?	16b. SOCIAL SECURI	TY NO.	7 INFORMANT			Ā	lddress		
	T C	est na or unkn	awn) (tyes	Biss was or galez	DI SERVICE)	201-16	-3129	Mrs V	Valter	Car	meron R:	ising		Md.
		1B. CAUSE O	F DEATH (Ent	er only ane o	ause per lin	e for (a), (b) sad	(c).) s		1		> 0	,		MATE INTERVAL MISET AND DEATH
		PART I.	DEATH WAS C	AUSED BY: MEDIATE CAUS		1	endr	corn	raluc		and	wh	40	neal
		11"	γ,			CONSEQUENCE	OF N		1		N	,		0
	Conditions, if any, which gave)										7	1400.		
		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
		lost.	ander Hing to	336)	(c)									
		PART 2 OTH	ER SIGNIFICAN	CONDITIONS	CONTRIBUT	ING TO DEATH BU	NOT RELATED	TO THE TERMI	IAL DISEASE ORC	ONDITIO	N GIVEN IN PART 1(2)		
	_													
	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITION	ON FOR WHI	CH OPERATION WAS	PERFORMED	2Da. AU	TOPSY?	i	20b IF YES, WERE F	INDINGS CO	NSIDERED IN CE	ERTIFYING
21	픨					YES NO FE				CAUSES OF DEATH?				
			IT WAS UNDE	-	Ib. TIME OF			HOW INJURY O	CCURRED (Enter	nature	of injury in Part 1 o	or Part 2, Ite	em 18)	
	MEDICAL		TING (CAUSE C		OUR A.M. P.M	Manth Day Yo	90r							
	MEC	21d. INJURY	OCCURRED			AT HOME, FARM, STREET OFFICE BUILDING, ETC.		LOCATION St	reet or R.F.D. No		City or Town		County	State
		While N	at while		'	OFFICE BUILDING, ETC.	/			^	·		,	
				(this hase	ital) atte	nded the dece	ased from	6-6	196	2.	to 2-1	> 196	1, that	(I) (we) last
		saw 1	he decease	d alive ar	1 '0)	12	_19 <i>67</i> ,	and that in (my) (aur) apıı	nian d	eath accurred a	n the dat	e and haur	and from the
				bave, (l) (v	ve) (did)	did nat) view t	ne bady aff	er death.						
		22b. SIGNATU	REOM	O A	- P-	0 16		ATTĒNI	DING M	NED	STAFF _	22c. b/	ATE SIGNED	-69
		no I obligació	Mu	1.11	<u> [0</u>	y to V	X D	EGREE PHYS	DDRESS DI	IRECTOR	LJ PHYS. L		17	/
		22d. PHYSICI. NAME (T	Abe) Me:	il R.	Tav	lor Jr.	Pi.D			ina	Sun. Mo	1.		
f	00							OR CREMATORY			LOCATION (City or To		15	(Chata)
	230.	BURIAL, CREW		23b. DATE	- 1-						sing Su		(County)	(State) Md.
1	24	EMNERAL DIRE		215	105	ADDR	cview	oem.	2So. REC'D B			GISTRAR'S S		TICL a
K .	130	THE C	16.11	STILL	lle			Sun Md	DATE DATE	R 1	7 1969	L'A	in the	RM #

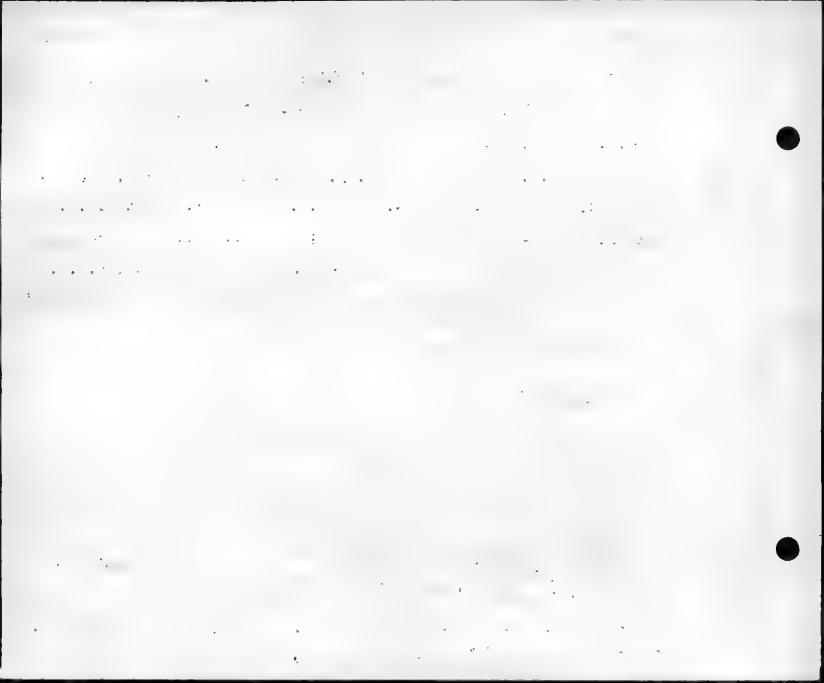


2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV 1/68

24. FUNERAL DIRECTOR





02289

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02285

	ECEASED-NA		First	Middle		Lost		2a. DAT	E OF DEATH			25. HOUR
	Type or prin	^{t)} J O	SEPH	ALFRED	GODESK	Y		Feb	oruar Mynth 5	Doy 1	969	3:35am
3 5	EX		4 RACE		2	DATE OF			6 AGE (In year	s IF UNDI	ER I YEAR	IF UNDER 24 HRS.
L	Mal			ite		May	31, 191	-9	lost (pictoday)	YRS. MONTHS	DAYS	HOURS MIN.
70	BIRTHPLACE	(State or foreign	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MA	ARRIED 9	9 COUNTY	Y OF DEATH			
	ntry) Vew_J	ersey	US	A	MIDOMED		DRCED X		Cecil			Md
		WN OF DEATH	1	NAME OF HOSPITAL OR IN	STITUTION (If not	in haspital	12o JSUAL	L OCCUPA'	TION (Kind of work of	one 12b	KIND OF	BUSINESS OR
		Point		ve street oddress) Veterans A	dminist	rati	on	Molo	king life, even if retir IET	Ti	ron	Fndry
130 adm	JSUAL RESI	IDENCE (Where de ATF	eceased livedy if inst	itution Residence before	13c CITY OR TO	NWC	3d INSIDE CITY LIM	_ 1	e STREET AND NUMBE			
_1	Yew J	ersey	13 COUNT	Hudson	Bayonr	e	YES NO		52 Newma	n Ave	nue	
14	FATHERS NA	VME First	Middl	e Lost	15	MOTHER S I	NAIDEN NAME FIR	rst	Midd	lle		Last
L		Stev		esky			M	fary	Kotarsk	i		
	WAS DECE		ARMED FORCES?	16b. SOCIAL SECURITY	NO 17. INF	ORMANT			Addre	ess		
_	Yes		WWII	144-07-4	524 VA	Hos	pital R	Recor	rds, Perr	y Poi	nt.	Md.
	18 CAUSI	E OF DEATH (Ente	er only one couse pe	r line for (a), (b), and (c)							APPROXI	IMATE INTERVAL DINSET AND DEATH
	PART	I DESCRIPTION OF	ALICED DIV	Bronchop		a					ar men e	2 SCI NISO DEATH
	-fe	×		OR AS A CONSEQUENCE OF								
	Canditions	s, if any, which gi	qve)									
	rise to im	mediate couse ((a), (b)	OR AS A CONSEQUENCE OF								
	stoting th	e underlying car	030									
		THED CICNICICANT	(c)_	IBUTING TO DEATH BUT N	OT DELITED TO T	ALC TERMANA	A DICTACE OF CO	MOUTION	CONTRACTOR AND			
	PART 2. U	THEK SIGNIFICANT	CONDITIONS COMIK	IBUTING TO DEATH BUT N	OI KELAIED IO I	AE TEKMIN	AF DIZEASE OK CO	MUTHON	GIVEN IN PAKT I(0)			
NO.	10a DATE	OF OPERATION	185 CONDITION FOR	MOUGH ORED ATTOM WIRE BE	DECORNED	00- 4117	ancun	Too	u if we week tibes	los sausines	of many	- ATICUING
ICAT	IYO DAILS	JE UPEKATION	196 CONDITION FOR	WHICH OPERATION WAS PE	KEOKMED	20a. AUT			Ib. IF YES, WERE FIND.I NUSES OF DEATH?	AG2 CONZIDER	ED IN C	ERTIFYING
CERTIFICATION		1				YES [_					
		DENT WAS ÜNDER BIBLITING (TICAUSE DI		E OF INJURY M Manth Doy Year	21c HOW	INJURY O	CCURRED (Enter	nature of	injury in Part 1 or Pa	rt 2, Item 18	}	
MEDICAL		notify medical ex										
×	21d Pull	RY OCCURRED	21e PLACE OF INJUS	RY (AT HOME FARM, STREET FAR DEFICE BUILDING, ETC	TDRY,) 21f LOCA	TION Stre	eet ar R.F.D. Na.		City or Tawn	Caun	ty	State
	at wark	Nat while		COLLEGE DOLLEGE CIC								
	22a. I c	ertify that (M	(this haspital) o	attended the decease	d from Ap1		1, 1968	3_ , to	Feb. 5	1969	, 34%	KOK YOM KOM
	360%	action desease	dealtyesconsesses	d) (descript) view the	Rxxxxand 1	hat in 62	n <u>x</u>) (our) apin	ion dea	th accurred an th	e date and	haur	and from the
	22b SIGNA		ere!	- Caracam						22c DATE SIG	GNED	
		20	my		DEGREE	PHYS	ING DIR	RECTOR I	STAFF CS	Feb.	5	1969
	22d PHYS		0			22e AD						
	NAM	(Type) SEM	OUR GOLI	GRABEN, M.	D.	VA	Hospit	tal,	Perry Po	int,	Md.	
23 a	BJRIAL, CR	EMATION, 2	3b DATE	23c NAME OF	CEMETERY OR CH	EMATORY		230 100	ATION (City, or Jown)	(Cavi	nty)	(State)
F	REMOVAL	Specify)	Jan. 8,	1969 Holy	198	10 44		Wort	Allon (City or Jown)	eh	41	N.J.
	FUNERAL DI	RECTOR 1	100/11	ADDRESS	Box 22	1	250 REC D BY			RAR S SIGNAT	JRE	
G.	rent 1	Bune (B)	Homelone	such Nor		Md.			00 1001			

VR A15 (4) 45M 1/69

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar and completely filled in by the configuration director, page 3 should be detached for use as the burial-transit p∎rmit. Then please remaye carbon papers—Pages is and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital ar attending physician.

Se exercited within 24 haurs after death



82290

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after_

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02286

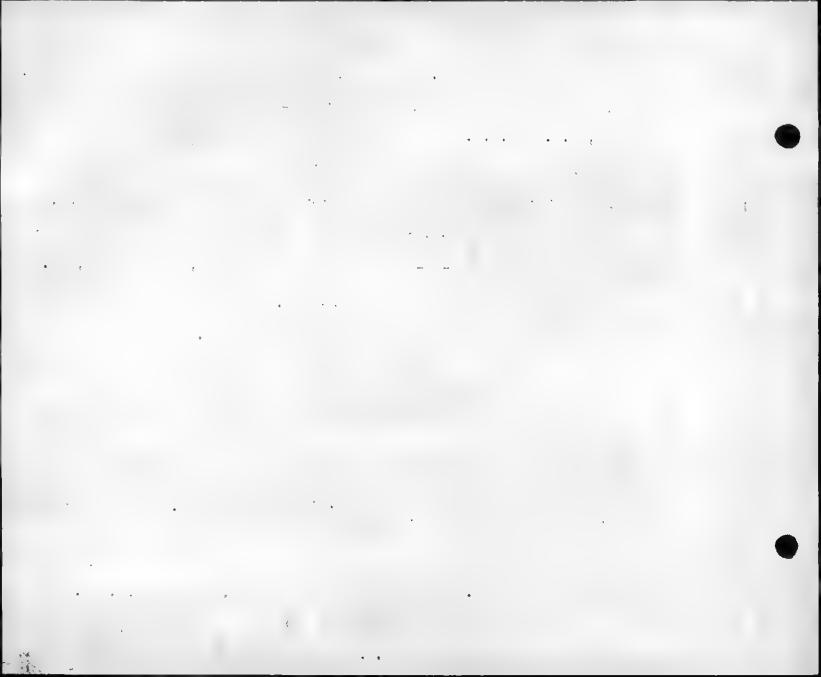
T	DECEASED-NAME	First		Middle		Lost		2a. DATE OF			2b.	HOUR,
	(Type or pnnt)	Maria	n	7.		Godma	717		Month D	4 1969	. 1	1. TAN
3	SEX		4. RACE	• •		S. DATE OF BIRT			6. AGE (in years	F JNDER 1 YEAR	IF UNCER	R 24 HRS.
	Female			-		1 0		894	iast_by/thday)	MONTHS DAYS		MIN,
-				au.	10	Vec.			74 YRS	<u>}.</u>		
/0.	. BIRTHPLACE (State of	r foreign /b	CITIZEN OF WH			ied 📉 never marri	ICh .	9. COUNTY OF	DEATH			
	untry) Kentuck	RY	u.s	A.	WIDOW	/ED DIVORC	ED 🗀		ecil			Md
10	CITY OR TOWN OF DI	EATH		ME OF HOSPITAL OR INS	TITUTION	(If nat in haspital			(Kind of work done		F BUSINESS	S OR
	Carpenter	us Point	give si	reet address)	R.F.L	0.	during my	ouse W	life even if retired.) INDUSTRY		
13				an, Residence before	13c CITY	OR TOWN P. 13			REET AND NUMBER			
od	o. JSUAL RESIDENCE (1 mission) STATE	land	13b. COUNTY	Cecil		penters	YES NO	Z	RFA			
14	FATHER'S NAME	First	Middle	Last	COG	IS, MOTHER'S MAIL	NEN NAME E	ret	Middle		Last	
14	PATHER 3 HAME	-7	H			13. MOINER 3 MAII	DEM HAVE TH	the discountry	- 1	0.		
-		James		Tin				lizabe		100	que	
Iá	o. WAS DECEASED EVE	R IN U.S. ARMED 1 (If yes give war or		16b. SOCIAL SECURITY N	10.	17 INFORMANT	10	1 /	Address	(i)	M 1	
L	Yes, na, ar Adknown)	, , , , , , , , ,	•	Unknown		Marshall	Lo you	dman,	arpenter			}
	18. CAUSE OF DEA	ATH (Enter anly a	ine cause per lin	e for (a), (b), and (c).	1 4	·na		1. 1.0			XIMATE INTER	
		I WAS CAUSED B	Υ.	Chron		Muson	15 A	1/10		-	1/20	3
	11	IMMEDIATE			4 /	1	<u> vuc</u>				7	
	Conditions if any	Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF										
П	rise to immediate	rise to immediate cause (a).										
П	stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF											
	lost.	,	(c)									
П	PART 2. OTHER SIG	NIFICANT CONDIT	TONS CONTRIBUT	ING TO DEATH BUT NO	DT RELATE	d to the terminal	DISEASE ORCO	ONDITION GIVEN	I IN PART 1(o)			
2												
CEDIMENCATION	190 DATE OF OPERA	TION 19b. CON	IDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUTOPS	SY?		YES, WERE FINDINGS	CONSIDERED IN	CERTIFYIN	G
1 1						YES [7]	NO N	CAUSES	OF DEATH?			
92	210 ACCIDENT WA	S UNDERLYING	21b. TIME OF	INJURY	21	c. HOW INJURY OCCU	RRED (Enter	nature of injur	y in Port 1 or Part 2	2. Item 18.)		
3	OR CONTRIBUTING		HOUR A.M.	Manth Doy Year			,		f			
MEDICAL	(If either, notify m			AT MOME SAME STREET SAC		A LOCATION CALLED	or DED Ma	Chu	or Town	County	7	Stote
	ZIU INJUNI OCCU	le T	(CE OF INJOKT	AT HOME FARM, STREET, FAC OFFICE BUILDING ETC.	7 21	I. LOCATION SHEET	UI K.F.D. NO.	City	J lown	county		3,010
	White Not who of work	k U]				(h,	/	7 "	1 516	- 1-11		
н	22a I certify	thot (I) (this I	hospital) atte	inded the decease	d from	luig -				1967, tho		ve) lost
н	saw the a	deceased oliv	e an	49 24 1	77	ond that in (my)	(our) opir	nion death a	iccurred an the i	date ond hou	r and tro	om the
	(14	ned above, (i) (we) (aia) (did not) view the	bouy an	ter deuiii.			1 00	DATE FLANED		
н	22b. SIGNATORE	1/44	0 /	71		NO - ATTENDING	H Noth	ED.	STAFF	c. DATE SIGNED	25/	200
П	OCA	runce	J. /~	arrely	7	DEGREE PHYS		RECTOR L	PHYS L.J	-/2	-4/C	27_
ı	22d. PHÝSICIAN S NAME (Type)	Clarence	e I. Be	enson M	.D.	22e. ADDR	6x /2	23-1	ONX DO	250517	m	e
92	a. BUR-AL, CREMATION	. 23b DAT	F	23c NAME OF	CEMETERY	OR CREMATORY		234 IDCATIC	N (City or Town)	(County)	(State	6)
23	REMOVAL (Spellfy)	230 041	27/1969		1					(Cooliny)	£3.011	•;
0.0	I. FUNERAL BIRECTOR	11 /12	9/11709	19 yreen	Law		So. REC'D BY	(Odum	25b. REGISTRAF	R'S SIGNATURE	io_	
20	fec 4	-/0/20	care			1			P 80 20 8 8		dek	
	Loo A.	Patter	MADE (C.)	nn Penni	11/1/	e. Ild.	DATEMAR	3 191	7 4	The same	Age.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and (carbeately filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages Landshauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death VR A15 (4) 30M REV. 1/68

. . · (· · · · + n - 4 - 3)..

DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 02287 CERTIFICATE OF DEATH 1. DECEASED NAME First Lost Middle 2a. DATE OF DEATH 26 HOUR within 24 haurs after death (Type or print) Month > Doy 19 Year 69 10:55 HARPER BOOKER 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR F JNDER 24 MRS. last birthdoy) 11-20-19 Negro Male 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Dew West, S.C. U.S.A. WIDOWED -DIVORCED Cecil TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even firetired) INDUSTRY remove tarbon Administration Perry Point event. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY L MITS? 13e STREET AND NUMBER odmission) STATE Columbi 450A Condon Terrace, SE Washington YES ... NO and in any 14. FATHER S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Harper Booler (D) Marie requires that the death certificate be John 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) signed by the attending physical burial-transit permit Then pl burial, cremation, or removal, 254-42-4092 VA Hospital Records, Perry Point, Md. 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY Complying the BETWEEN ONSET AND DEATH Cerebral thrombosis acute. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Hypertensive cardiovascular disease. rise to immediate cause (a), attemding physician. stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART I(a) far use as the b O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AJTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🙀 YES by the hospital or 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year σĘ (If either, notify medical examiner) detoched 21d IN JRY OCCURRED
White Not while 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R F D No City or Tawn State County at wark 220. I certify that (I) (this hospital) attended the deceased from Feb. 12 19 69 to Feb. 19 19 69 XKXX be retained causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR 2-19-69 DEGREE director, poge should be filed 22d. PHYS CIAN 22e ADDRESS NAME (Type) MD. VA Hospital, Perry Point, Md. IRINA REUS 230 BURNAL CREMATION 23c NAME OF CEMEJERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) REMOVAL (Specify) VR A15 (4) 45M - 1/69 FUNERAL HOME Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH





23c NAME OF CEMETERY OR CREMATORY

emeteru

Lkton

23d LOCATION (City or Town)

(County)

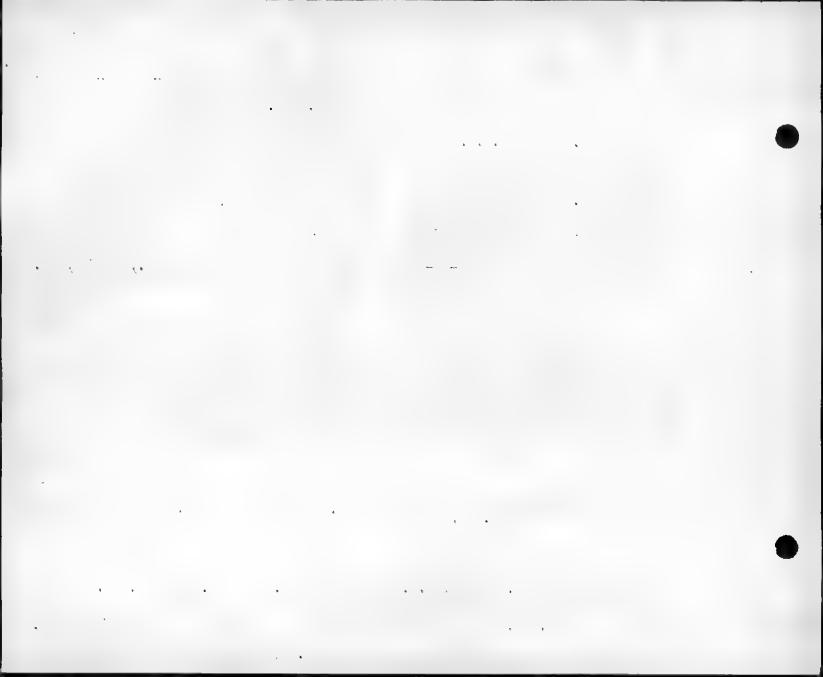
ecil REGISTRAR'S SIGNATURE (Stote)

230 BUR AL CREMATION

Burial (Specty)

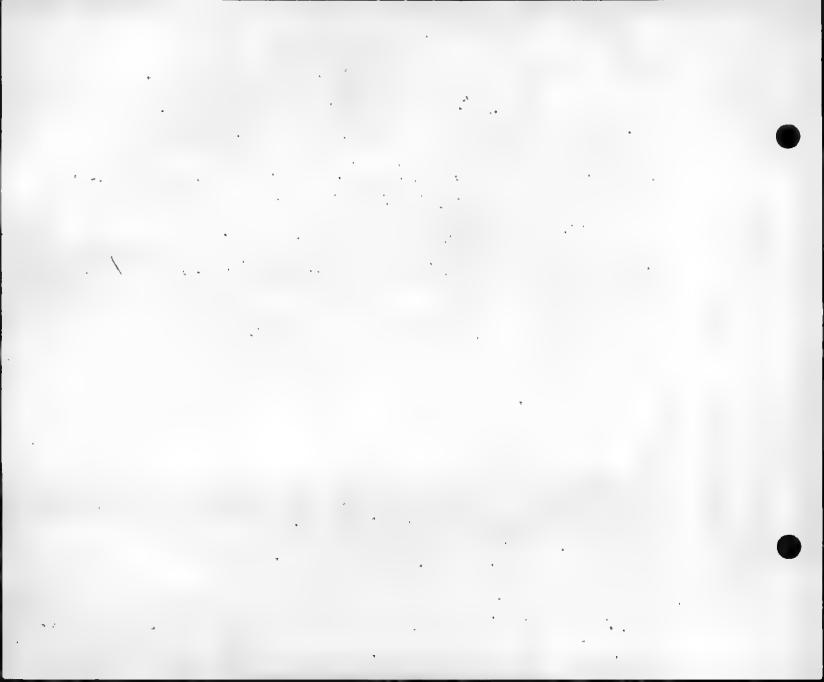
23b DATE

eb. 26.1969

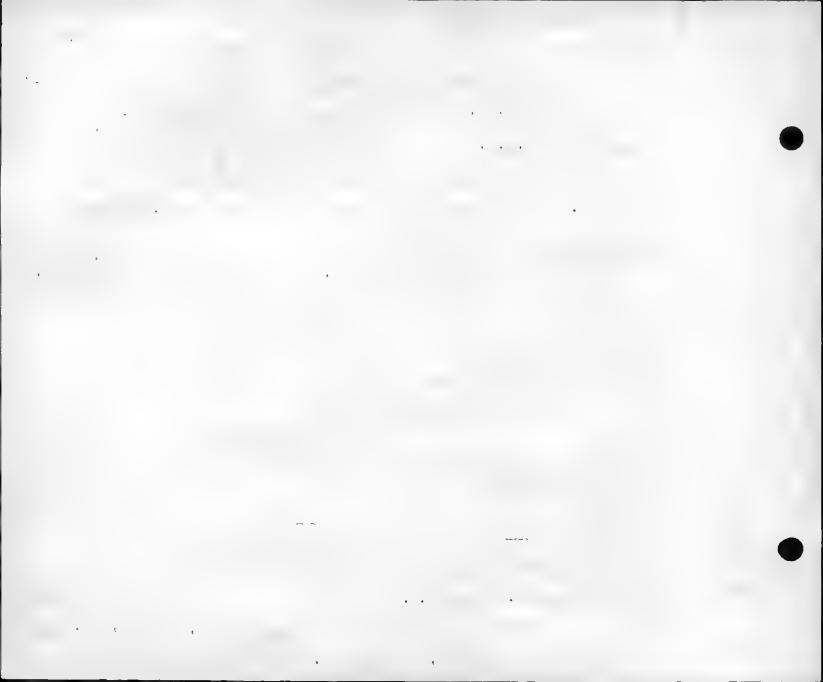




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02295 02291 CERTIFICATE OF DEATH M.ddle Last 2a DATE OF DEATH 2b. HOUR DECEASED-NAME First requires that the death certificate be executed within 24 haurs after death Manth 💙 gud (Type or print) Derd Moor D Feb PM IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 3. SEX 4 RACE last birthday) HOURS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote, or foreign 8 MARRIED | NEVER MARRIED | country campletely filled in WIDOWED D DIVORCED [12a USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.) give street address) remave carban event, 3d INSIDE CITY EMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b COUNTY YES 🔀 and in any 14 FATHER'S NAME MOTHER'S MAIDEN NAME Middle Last First please 66. SOCIAL SECURITY NO 17 INFORMAN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates all service) Yes, no, or unknawn) burial, crematian, ar removal, attending phys 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY A cuta IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit p Conditions, if any which gave Artembralantia rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) State Dept. of Health prior to has been as the CERTIFICATION 19a. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO X YES [77] use this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R F D. Na. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City ar Tawn County While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 19 3, and that in (my) (our) opinion death accurred an the date and hour and from the O FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR ATTENDING STAFF PHYS. DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) (Stote) (County) BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) VR A15 (4) 30M REV. 1/68 Milanes & 3



2_1	Item 18 Film 409 2-18 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
FOR STATE		82296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02292									
HEALTH DEPT	1, [DECEASED-NAME First Middle Lost 20 DATE KNOWN-L-1 Mor	nth Doy Year 2b HOUR									
delay is and 3 to Miles Page	1	(Type or Print) OF ESTI- DEATH MATED 2										
Pa 34	3. 9	SEX 4. RACE S DATE OF BIRTH 6. AGE (in years F JNDER YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d. HOUR									
P 5 8 1 5		Male . White Jan. 27, 1914 55 YRS February	11. Yeor 19 69 5 - 3 5M									
2 2		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED WEVER MARRIED 9 COUNTY OF DEATH										
fari		Tennessee U.S.A. MDONED Cecil	Md.									
death we Pages with far the State	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 120 LSUAL OCCUPATION (Kind of work do during most of working life, even if retired	d.) INDUSTRY									
fer death Give Pages 1, and with farm the State	120	Elkton Union Hospital Carpenter D. USUAL RESIDENCE (Where deceased lived, if institution Residence before) 13c. CITY OR TOWN 13d INSIDE CITY LIM 157 13e. STREET AND NUMBER	Building									
With a great	,30	pdmission) STATE 13h COUNTY										
haurs after Item 18. Gi Office about I and 2 with	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	, Andora Lost									
within 24 haurs of pencil in Item 18. caminer's Office all le pages 1 and 2 wi		Henson Osborne Inez	Shupe									
hin 24 noil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	R.D. # 4									
I within penal Exami	[(Yes, no, or unknown) (If yes give wor or dotes al service) 232-18-1745 Mrs. File Mee Oshorne. F	Tikton Md.									
Part Ex		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:	APPR XIMATE INTERVAL BETWEEN ONSET AND DEATH									
ecut ermi with		PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Fracty laver Acute alcoholism										
exemple of the best of the bes		DUE TO, OR AS A CONSEQUENCE OF										
d be Chie rrans		Conditions, if ony, which gave nse to immediate cause (a).										
shauld be executed ne ward "pending" is the Chief Medical burial-transit permit.		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
INER: This certificate shauld be executed within 24 haurs after death a certificate, writing the ward "pending" in pencil in Item 18. Give Pages should be farwarded to the Chief Medical Examiner's Office along with farmfiles. 3 should be used as a burial-transit permit. File pages I and 2 with the State hatian, ar removal, and in any event within 72 haurs after death.	1	(c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
ficat ing ded ded as a		TAKE 2. OF THE STORM CONDITIONS CONTRIBUTION TO DEATH DOT NOT RELATED TO THE TERMINAL DISEASE ON CONDITION SITEN IN PART 1(0)										
This certificate, writing for farwar be used be used	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?									
is of the page of	JEI	WAS PERFORMED?	YES NO									
MINER: This the certificate, 4 should be faur files. e 3 should be user a should be user as a should b		210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter noture of in Jry in Port 1 or Port	2, Item 18.)									
inner: Ti ne certifica should by files. 3 should In	MEDICAL	CAUSE OF DEATH P.M 19										
the the mur file 3 ge 3 ge 3 ge 3	2	WHILE MOT WHILE foctory, office building, etc.)	County Stote									
O DEPUTY DICAL EXAMINER: necessory, please execute the certif the funeral director. Page 4 should 5 may be retained far your files. 5 FUNERAL DIRECTOR: Page 3 should Health priar ta burial, crematian,		AT WORK L AT WORK L										
DEPUTY DICAL E. cessory, please exect e funeral director. Pamay be retained for FUNERAL DIRECTOR:		22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident I, Suicide I, Hamicide I Undetermined mann										
please et director retained L DIRECT iar to bu		CHIEF MEDICAL EXAMINER	ier []									
ag a di agi			PATE SIGNED 2/12/69									
Sary, sary, be left.		EXAMINER'S DEPUTY MEDICAL EXAMINER	2/12/69									
TO DEPUTY DICA necessary, please extremed director. S may be retained TO FUNERAL DIRECTOR Health priar to buy		NAME (Type) Rdward F. Wilson M. D. ADDRESS(Street, city, town, or county)										
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	D BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)									
	24	Burial 2/15/69 Gilpin Manor Memorial Dark Elkto	on Md									
VR A15ME (5)	24.	Trouble G The bal	WAR DE CONTRACTOR									
10M REV. 1/68	_	Hicks Home for Finerals, Elkton, Md. DATE	4.									



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82297 -02293 CERTIFICATE OF DEATH 1. DECEASED NAME Middle First Last 20 DATE OF DEATH 26 HOUR executed within 24 haurs after death. and completely filled in by the funeral remove carbon papers. Pages and 2 n any event, within 72 haurs after death. REISHER (Type or print) Arthur S. February 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 24 HRS lost birthdoy) 7YAO HOJRS 5-31-96 White Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Penna. U.S.A. Cecil DIVORCED TE WIDOWED F 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR during most of working life, even if retired)
Shoemaker give street address) INDUSTRY Shoemaking VA Hospital Perry Point and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER COUNTY YES 719 George St., Hagerstown 14. FATHER'S NAME First Middle East 15. MOTHER'S MAIDEN NAME First Mrddle Lost /SICION requires that the death certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, ng, ar unknown) (If yes give war or dates of service) bunal, cremation, or remayal, 214-09-57-81 VA Hospital Records - Perry Point. Maryland Ž. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I DEATH WAS CAUSED BY Bronchopneumonia, bilateral IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF the signed by the burial-transit p Conditions, if any, which gave) C. V. A. (Cerebral infarction) 2 months rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying cause Cerebral arteriosclerosis last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗔 Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the Dept of H (If either, natify medical examiner) 23e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21d INJURY OCCURRED 21f LOCATION Street or R F D. No. City or Town County State While Not while at work at work 5-3-61 19 to 2-1-09 22a. I certify that (** (this haspital) attended the deceased from..... some the classes stated above, (1) (we) (did) (did nat) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v 2-7-69 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) VA Hospital - Perry Point, Maryland A. L. MOONEY, M.D. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BUR AL CREMATION. (County) (State) Burial (Specify) edar Grove (emetery humbersburg. re nna ADDRESS 250 REC'D BY REGISTRAR VR A15 (4) Patterson & Son, Perryville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02294 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR be executed within 24 haurs after death. (Type or print) ohn 3. SFX 4 RACE S. DATE OF BIRTH 6 AGE (in years lost birthdoy) IF LINDER 1 YEAR MONTHS March 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Delaware WIDOWED TO DIVORCED [and completely filled ID CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) corbon during most of warking life, even it retired.) INDUSTRY Elkton Union Hospital arventer event, 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY in ony 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First M.ddle Last Frank Jackson lease puo law requires that the dmoth certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, notor unknown) 0 APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), signed by the attending PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSI Conditions, if any, which gave burial-transit rise to immediate cause (a), stoting the underlying cause last. O FUNERAL DIRECTOR: After this certificate hos been 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F for use Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF BEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. 1 certify that (I) (this haspital) attended the deceased from 9 - 24, 1954, to 2 - 9, 1964, that (I) (we) last saw the deceased alive an 2 - 8 - 1964, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) U15 322E. director, 23a. BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (State) (County) Perryville, Patterson & Son.

. 1 4 7 . . 1 9 9 -4 . (

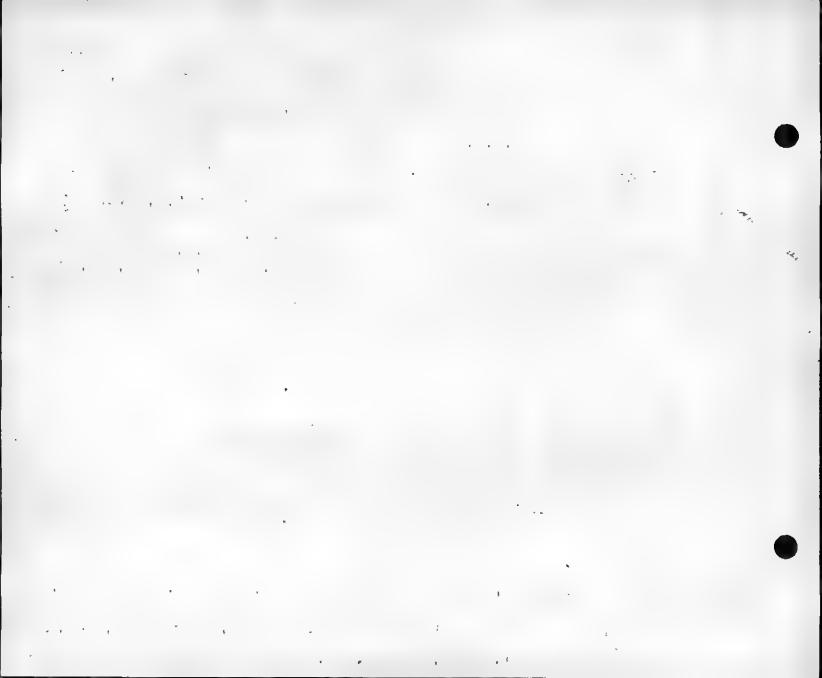
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02295 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR. (Type or print) executed within 24 haurs after deat GIF FORD SCARBOROUGH Manth Joseph February 20 phototely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF LINDER YEAR White 7-5-11 Male last birthagy) HOURS 7b. CITIZEN OF WHAT COUNTRY? 7a, BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland U.S.A. WIDOWED [7] DIVORCED [Cecil 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR give street address) during most of working life, even if retired) VA Hospital Perry Point 13o. USUA. RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER .3d. INSIDE CITY EIMITS? 13b COUNTY ecil admission) STATE 200 Kentmere Ave. . Maryland Elkton YES THE NO TO 14 FATHERS NAME LEEDON Middle IS. MOTHER'S MAIDEN NAME FIRST Middle gud Last J. William Scarborough Nelly Kerr and requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknawn) Yes (If yes give war or dates of service, ar remayal, 213-12-54-34 VA Hospital Records - Perry Point, Maryland 18. CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE (ALSE (a) Acute Cardiac Failure Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave) Coronary Artery Occlusion, severe rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease with severe (c) Arteriosclerosis of Coronary Arteries stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes Mellitus has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES XX NO 🗀 TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stote While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram. 7-10-68, 19 ____, ta 2-20-69, 19 regretter decreased are one consequences and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. Feb. 20, 1969 DEGREE DIRECTOR 22d PHYSICIAN'S 22e ADDRESS VA Hospital - Perry Point, Maryland NAME (Type) A. L. MOONEY, M.D. 23a. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) CEMERKY VR A15 (4) 45M - 1/69 Pippin Funeral Home

• Section 50 Section LEEDON DOWN This The second section 15. 2 . . ** * * * **

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02301 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral tove carbon popers. Pages 1 and 2 y event, within 72 hours, after death (Type or print) February Slade B. Lilv 3. SEX S. DATE OF BIRTH 6 AGE (In years last birthday) May 12 1893 Female. White 7a. BIRTHPLACE (State or fare an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED Y DIVORCED [Cecil England ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR give street address)
Union Hospital during most of working life, even if retired.)
Housewife Elkton 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Cecil odmission) STATE Maryland Box 218, R.D. vemove Elkton νпо 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Beaton Joyce Louisa Jane Absclom pleose 16b. SOCIAL SECURITY NO R.D.# Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) Leonard F. Slade, Elkton, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the attending burial-tronsit permit. Th BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CUTE ANTERIOR MYULARDIAL INFANCTION Canditions, if any, which gave) ASCUD rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tor use as the b Health prior to b hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES S NO -TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, nat.fy medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 220. I certify that (I) (the taspital) ottended the deceosed from ________, 1967, to ________, 19_____, that (I) (saw the deceased alive on ________, 1969, and that in (my) (say) opinion death occurred on the date and haur and from the O HOSPITAL OR ATTEND Poge 4 moy be retoined should couses stated obove, (I) (va) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR ATTENDING 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Ekkton. Md. 123 High St. Robert 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) Gracelawn Memorial Park Filmington De ADDRESS 250. RECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Elkton.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301-W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02302 CERTIFICATE OF DEATH 02298 1. DECEASED-NAME First Middle Last death. 2g DATE OF DEATH 2b. HOUR puo (Type or print) JOHN Wesley SMITH 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last_birthdoy) MONTHS DAYS Male White 10-16-07 7o BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH ekecuted within 24 ho campletely filled in nove corbon popers ny event, within 72 h Virginia U.S.A. WIDOWED X DIVORCED [7] Cecil 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital > 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Veterans Administration during most of working life, even if retired)
Mechanic INDUSTRY . Perry Point auto 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Harford YES 🗔 NOX remove Edgewood Maryland 503 Kennard Avenue cremation, or removol, and in any 14 FATHER'S NAME M ddle IS MOTHER'S MAIDEN NAME First puo Lost Meddle Last requires that the death certificate to physikan o Henry Smith' John (\mathbf{D}) Alice Dyer (D) 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 226-72-2409 VA Hospital Records, Perry Point, Md. APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Pulmonary emphysema with right (anditions, if any, which gave) signed by the buriol-tronsit p buriol, crematic side heart failure (Cor pulmonale). nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES F NO [210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY jo HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a I certify that (1) (this haspital) attended the deceased from Feb. 21 , 19 69, to Feb. 27, 19 69 , that make the deceased from Feb. 21 , 19 69, to Feb. 27, 19 69 sows the deceased reliver on the date and hour and from the couses stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** director, page 3 should be filed v DEGREE DIRECTOR 2-27-69 PHYS 22d. PHYSICIAN'S 22e. ADDRESS A. L. Mooney. NAME (Type) VA Hospital, Perry Point, Md. 23b. DATE 3-3-69 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Baltimore National Cemetery Baltimore FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 McCOMAS Funeral Home Abington, Md. DATEMAR Situarellan Yearyon 1969



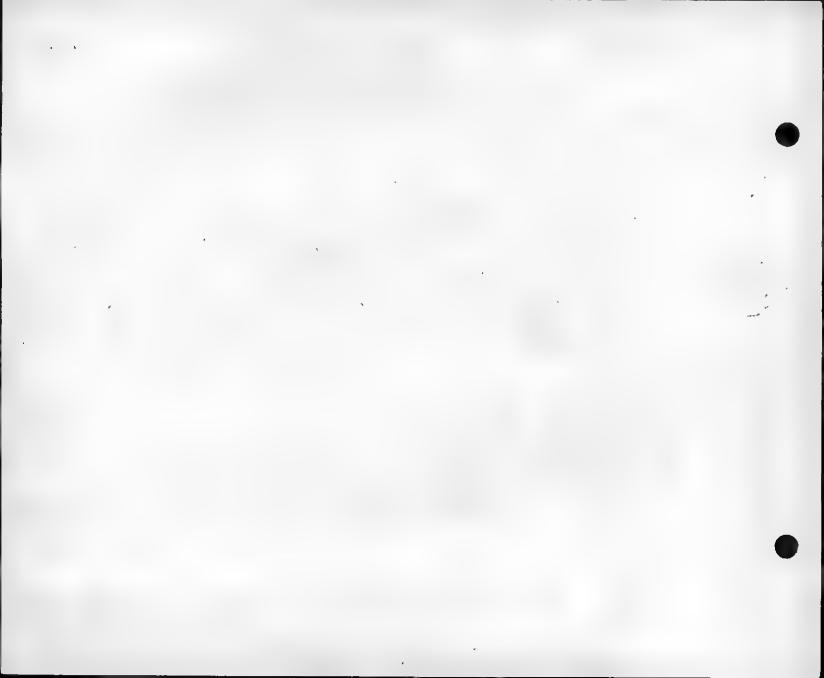
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME 2a. DATE KNOWN X Marth Year 2b HOUR Theresa E. Starliper (Type or Print) OF EST! Page 1969 Feb. 70 DEATH MATED ന 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JHDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX pup P.M.3. | ost highday) Manth Doy Year Female White Mar. 1, 1902 19 69 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED 8. Give Pages 1, alang with form country) Penna. USA WIDOWED [DIVORCED F Cecil 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 24 havrs after death 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR give street address) Union Hospital **INDUSTRY** during most of working life, even if retired.)
HOUSEWITE Elkton with the Home 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? death 7 13e. STREET AND NUMBER admission) STATEPenna. Bb. COUNTY Delaware Morton 409 Highland Ave. YES 🖂 Office pencil in Item 1 ofter and IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Last John Eberwine Unknown haurs 4 shauld be forwarded to the Chief Medical Examines 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within bud (Yes, not pr unknown) 204-07-6408 William D. Starliper Morton, Penna. File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN DISET AND DEATH permit. | PART I DEATH WAS CAUSED BY MYOLARDIAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF THROM BOSES Canditians, if any, which gave CORUNARY rise ta immediate couse (a) This certificate shauld please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ARTERNOSCLEROTIC CARDIOVASCULAR .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) D removal, be used 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO K ь 21g EXTERNA, CAUSE WAS 21b TIME OF NJURY Manth, Day, Year 21c HOW INSURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: crematian, PM CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK AT WORK 22g. I certify that I taak charge of the remains described above, held an Autapsy ... nspection Inquiry [and in my apinian the funeral director. Natural causes Accident Suicide Homicide Undetermined manner death resulted fromprior ta CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Feb. 8 5 may b TO FUNER Health DEPLTY MEDICAL EXAMINER NAME (Type) Rolando A. Najera, M.D. ADDRESS(Street, city, town, or county) 23a BURIAL CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVA. (Specify) Burial St. Peter & Paul Springfield Delaware Penna. VR A15ME (5) North East, Md. 1DM REV 1/68



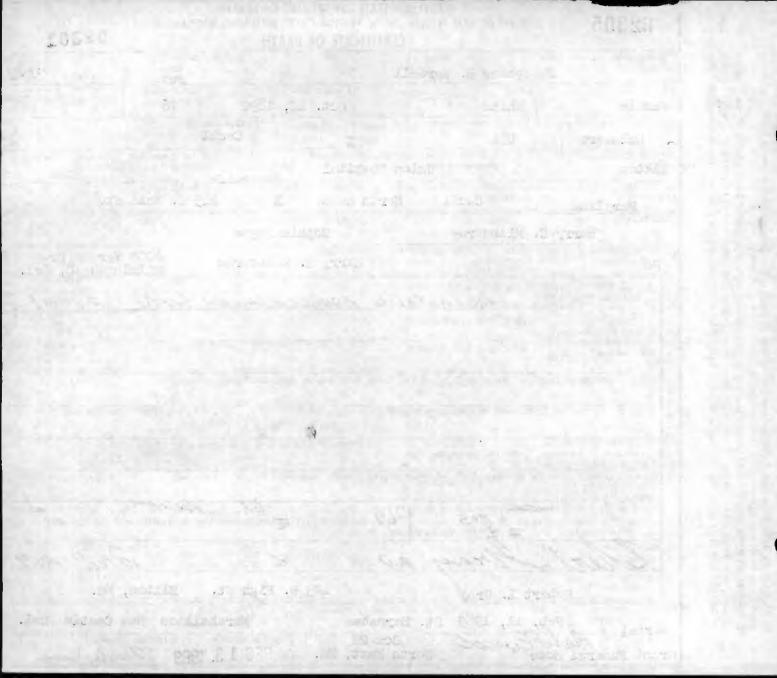
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32384 CERTIFICATE OF DEATH and 2 death. icate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY C ELIL O. STATE MARYLAND o. COUNTY CECIL MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RISING SUN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) B IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO 🔀 4 DATE Middle 3. NAME OF STUART Year First. DECEASED 0F 13 PUGH FEA 1969 WINIFRED DEATH event, (Type or print) B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | I IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last ourthday) Months JAN. 15, 1893 WHITE WIDOWED A DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME HOME 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME byrial, crematian, ar removal, R PUGH ELEANOR MOORE WILLIAM 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) MRS JAMES LAUSON JR. RISING SUN, MD E INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

 A couse per line for (a), (b), and (c).) IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m Not While 21. 1 certify that (I) (this hospital) attended the deceased from. director, page 3 shauld shauld be filed with the 1969, and that death accurred at 9A M, from causes and an the date stated above. saw the deceased alive on 2 TO FUNERAL DIRECTOR: 22b. DATE SIGNED 220. SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) RISING SUN, CECIL 140 FEB, 16, 1969 BROOKVIEW BURIAL 250 REC'D BY REGISTRAR 1969 24. FUNERAL DIRECTOR Rach m. Recel ADDRESS VR A15 (4) RISING SUN, MO.



MARYLAND STATE DEPARTMENT OF HEALTH 02305 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02301 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Last 2g. DATE OF DEATH death. within 24 haurs after death ero (Type or print) Manth Josephine E. Wardell Feb. 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last Highday) Oct. 12, 1892 Female White 7a BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Country) Delaware Cecil USA WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane INDUSTRY Home 12b. KIND OF BUSINESS OR give street address Union Hospital during mast of working life, even if retired.) please remove corban Elkton Housewife. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? be executed 13b. COUNTY Cecil admission) STATE
Maryland North East 215 S. Main St. YES NO 14. FATHER'S NAME Middle last 15. MOTHER'S MAIDEN NAME First Middle Last Harry C. Milbourne Sophia Payne requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 4200 Verona Dr. Yes, na, or unknown) Harry T. Milbourne or removol, Wilmington 8. Del 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) METASTATIC ADENOCARCINOMA SNEAST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the prior to 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ad for use of Health p NO F 21 g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from _______, 1963, ta______, 19____, that (I) (==) last saw the deceased alive an 7 FeS _______ 1969, and that in (my) (==) opinian death accurred an the date and hour and from the Fage 4 may be retained causes stated abave, (1) (va) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF director, page 3 should be filed v M. D DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 123 W. High St. Elkton, Md. Robert T. Gra 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Feb. 11, 1969 Marshallton St. Barnabas New Castle Del. Buria ADDRESS Box 22 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 13 North East, Md. Grant Funeral Home



e funeral director, auld be filed with

ofter death. Page 4

executed within 24 hau

Pages 1 and etely filled page 3 shauld be cacked for use as the buriol-transit permit. Then please remave carl the registrar prior to buriol, cremotion, or removal, and in any event within 72 haurs afte

TO FUNERAL DIRE

VS A15 (4) 15M 9/55

TENDING PHYSICIAN: The low requires that the death certificate be

noone

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

02302

160		1000						Keg. D	IST. NO	4	
1. PLACE OF DEATH	eil 🤫	W	MARYL	- 11	o. STATE Maryl	here decease	ed lived. If instituti b. COUNTY	on: Reside	nce befo	re admis	sion)
b. CITY OR TOWN (I RURAL and give of Warwi	If outside corporate (im earest town) .C.K.	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF		orote limits, write R	URAL ond	give nec	arest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital,	give street (oddress)		d. STREET ADDRESS					ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Dimm a	rst	Middle P.	W:	lliams	4. DATE OF DEATH	Feb	nth	1		Yeor 1969
s. sex Fomale	6. COLOR OR RACE	WIDOWE			Mar 4, 18		9. AGE (In years last birthday) 77 yrs.	Months	Doys	IF UND Hours	ER 24 HR
	ON (Give kind of work king life, even if retired WITE	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Marylar	_	country)	12. CI		S.A	COUNT
13. FATHER'S NAME	D	75	6 57		14. MOTHER'S MAIDEN						
Charles 15. WAS DECEASED EVE		CES2 116	SOCIAL SECURITY NO.	17. INFO	Rese He	over	Add	rati			
	(If yes, give wor or dates of		SOCIAL SECONI I NO.	Wal		ams -	Warwie		d.		
PART I, DEA	TH WAS CAUSED BY:)(e for (o), (b), and (c).	Embo	lism			· · · · · · · · · · · · · · · · · · ·		ERVAL BI	
Conditions, if o		(Coronary	Arte:	ry Diseas	е				2 ye	ears
couse (o), stoting lying couse lost.		. (Chronic H	yper	tention				1	1 y	ears
PART II. OTH			ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PAI	RT 1(a) 1	9. WAS PERFO YES	DRMED?
OR CONTRIBUTING	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port I or Po	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m.	19	While of work	Not while	foctor	OF INJURY (Home, far y, street, office bldg., et	m, 20f. (Cit	y or town)	((County)		(Stole
21. I certify the alive an Fe Actual SIGNATURE PHYSICIAN'S	at I attended the b. 1	. Cu	ed from Jan 9 and that weller uchley, M	Z-M.D	., 1957 to	M, fra	1 , 1969 m the causes of street, city or lown,	and an t		te state	
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THERE		22c NAME OF CEMEN		0 - (0 - 11	22d. LOCA	A SAIT OF	or county)		(Stat	le)
23. FUNERAL DIRECTOR	S SIGNATURE	7-1	ADDRESS		3 -0	D BY REGIS	TRAR 246. REGIS	STRAR'S SI	GNATU	RE.	-

